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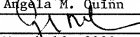
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Angela M. Quinn	(Depositor's name)
	(Signature)
March 16, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/783,632	02/20/2004	Takashi Maki	643P038	7204

TITLE OF INVENTION: IMAGE PROCESSING METHOD, IMAGE EXPANSION METHOD, IMAGE OUTPUT METHOD, IMAGE CONVERSION METHOD, IMAGE PROCESSING APPARATUS, IMAGE EXPANSION APPARATUS, IMAGE OUTPUT APPARATUS, IMAGE CONVERSION APPARATUS, AND COMPUTER-READABLE STORAGE MEDIUM

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/16/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
KASSA, YOSEF	2624	382-35000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB(122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB(122) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**BLAKELY, SOKOLOFF
TAYLOR & ZAFMAN LLP**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RICOH COMPANY, LTD.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date March 16, 2009

Typed or printed name Michael J. Mallie

Registration No. 36,591

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